Reimbursement Request Form (for supplies/materials)

** Please include all original receipts with this form. Tape down loose receipts to an 8.5 x 11 paper (for scanning).

** Receipts must say: "PAID IN FULL" or "Balance $0.00". Otherwise, you will need to provide a copy of your credit card statement.

Name: _______________________________  Phone Number: _______________________________

Email: _______________________________@calpoly.edu  OR  _______________________________@___________________

Total of (original) receipts: $ _______________________________

Summary of expenses:
_____________________________________________________________________________________
_____________________________________________________________________________________

This reimbursement is for: (check one)

☐ Senior Project (include project name): _______________________________

☐ Thesis (include title): _______________________________

☐ Club or other project (include club or project title): _______________________________

Faculty Advisor (print name): _______________________________  Advisor Initial: ____________

- For Department Use Only -

Date Received: _______________________________  Received By (Initials): ____________

Funding Information: _______________________________  ☐ State  ☐ Corp.